CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS COVER SHEET PG 1

FORM C/OH-UC

The C/OH-110	CInstruction Guide explains how to complete	e this form.	1 Filer ID (Ethics Commission Filers)
		MI	
2 CANDIDATE / OFFICEHOLDER			OFFICE USE ONLY
NAME	Mr. Randall	F	Date Received
	NICKNAME LAST	SUFFIX	1.83.8083
			11:05am
	Randy Parr		SL
3 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	
	14107 Spring Pines Dr., Tomball, TX 77375		Date Hand-delivered or Date Postmarked
	, , , , , , , , , , , , , , , , , , ,		1.33.3033
change of address			Receipt # Amount \$
4 REPORT	X Annual Final Dispo	sition	Date Processed
TYPE			1.33.2023
5 PERIOD	Month Day Year Mont	1- 1-	Date Imaged
COVERED	07 16 2022 _{THROUGH} 12	31 / 2022	1.83.8083
6 TOTALS	. TOTAL MANUAL OF UNEXPENDED BOLITION OF	CONTRIBUTIONS AS OF	
	TOTAL AMOUNT OF UNEXPENDED POLITICAL C DECEMBER 31 OF THE PREVIOUS YEAR.	ONTRIBUTIONS AS OF	\$ 24.56
	2. TOTAL AMOUNT OF INTEREST AND OTHER	INCOME EARNED ON	\$ 0
	UNEXPENDED POLITICAL CONTRIBUTIONS DURIN	NG THE PREVIOUS YEAR.	Ψ
Signature of Candidate/Officeholder			
Please complete either option below:			
SASHA DARRIN LUNA Notary Public, State of Texas Notary ID 13135054-4 Sworn to and subscribed before me by kandall F. Parr 20 33 to certify which, witness my hand and seal of office. Signature of officer administering oath Sasha Darrin Luna Sr. Admin. Assistant Title of officer administering oath OR			
,OR:			
(2) Unsworn Declaratio	n		
My name is, and my date of birth is			
My address is,,			
IVIY addices is	(street)	(city) (stat	e) (zip code) (country)
Et.d.in			, , , , , , , , , , , , , , , , , , , ,
Executed in County, State of , on the day of, 20 (month) (year)			
Signature of Candidate/Officeholder (Declarant)			e/Officeholder (Declarant)

C/OH REPORT OF UNEXPENDED CONTRIBUTIONS: FORM C/OH-UC **EXPENDITURES PG 2** 9 Filer ID (Ethics Commission Filers) 8 C/OHNAME 13 Amount 10 Date 11 Payee name (\$) City; State; Zip Code Payee address; 12 14 Purpose of expenditure (See instructions regarding type of information required.) 15 Is expenditure a contribution to a candidate, officeholder, or No political committee? Check if travel outside of Texas. Complete Schedule T. Amount Payee name Date (\$) City; State; Zip Code Payee address; Purpose of expenditure (See instructions regarding type of information required.) Is expenditure a contribution Yes to a candidate, officeholder, or Nο political committee? Check if travel outside of Texas. Complete Schedule T. Amount Date Payee name (\$) Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Is expenditure a contribution Yes to a candidate, officeholder, or No political committee? Check if travel outside of Texas. Complete Schedule T. Date Amount Payee name (\$) Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Is expenditure a contribution Yes to a candidate, officeholder, or political committee? Check if travel outside of Texas. Complete Schedule T. ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED